

MIGRANT AND SEASONAL AGRICULTURAL WORKER
PROTECTION ACT

WORKER INFORMATION

1. Place of employment

2. Period of employment

From _____ To _____

3. Wage rates to be paid

Hourly \$ _____

Piece rate \$ _____ per _____

4. Crops and kinds of activities

5. Transportation and other benefits, if any

Transportation _____ charges _____

Unemployment compensation insurance provided Yes No
Worker's compensation insurance provided Yes No

Other benefits _____ charges _____

6. For migrant workers who will be housed, the kind of housing available and cost, if any

_____ charges _____

7. List any strike, work stoppage, slowdown, or interruption of operation by employees at the place where the workers will be employed (If there are no strikes, etc., enter "None")

8. List any arrangements which have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to the workers (If there are no such arrangements, enter "None")

Name of person providing this information

The Migrant and Seasonal Agricultural Worker Protection Act requires the disclosure in writing of the foregoing information to migrant and day-hired workers upon recruitment, and to seasonal workers other than day-hired workers upon request when an offer of employment is made. This optional form may be used to provide the required information. Thereafter, any migrant or seasonal worker has the right to have, upon request, a written statement provided to him by his employer of the information described above. The optional form may also be used for this second requirement.

HOUSING TERMS AND CONDITIONS

Important Notice to Migrant Agricultural Workers: The Migrant and Seasonal Agricultural Worker Protection Act requires the furnishing of the following information.

This housing is provided by

Name _____

Address _____

2. Individual(s) in charge

Name _____

Address _____

Phone _____

3. Mailing address of housing facility

Address _____

City & state/Zip code

Phone _____

4. Conditions of occupancy

Who may live in housing facility

Charges made for housing (if none, so state)

Meals provided (if none, so state)

Charges for utilities (if none, so state)

Other charges, if any

Other conditions of occupancy

Signature of person receiving this information

Date _____

Important Notice to Farm Labor Contractor, Agricultural Employer, or Agricultural Association:

This form may be used for the disclosure required by section 201(c) of the act. It must be posted in a conspicuous place or presented to each worker in English, Spanish, or another language, as appropriate.



U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

LWA KI PROTEJE CULTIVATE VA E VIEN E CILTIVATE
PA REKOLTE
INFOMASION POU TRAVAYE

1. Koté travay la yé

2. Tan travay le ap diré:

dépl. _____ Jiske _____

3. Combien cob yap péréy nou.

Pa è : _____

Sou couray : _____ Pa _____

4. Ki jan dé rékolte à dé travay:

5. Transportasian à lot avantage si gin y in.

Transportasian _____ Pri _____

Assurance pou you péréy nou li nou jan chomej. Qui Non
Assurance pou li malè rivè nou nan travay la Qui Non

6. Pou ciltivatè kap fè va é vien é kí yap bay cay, è-ca' kí koté ya vid é combien isjan? Si gin yin: _____
Pri _____

7. E-ge-ké ouvriré koté ou pral travay la pa jam fè grèv, sispan, ralanti ou intaromp travay yo? (Si pa jam gin grèv etc... mété "Non"). _____

8. Gin you kontra ki fèt, sou chak begay kí nou acheté you koté, mèt koté a ou bien mounn ki van nou an siposé péréy contracté a, ou bien belli nimpot lot avantage (sou ça nacheté a), (si kontra ça pa fèt mété "Non") _____

Non mounn ki bay infomasion ça.

Lwa ça mandé pou yo distribué ou bien ékri infomasion kí nou sot li a pou travayè kap voyageé è pou travayè kap poté pa jou, li yap pran yo pou travay la pou mounn kap travay pe rékolte è pou lot travayè ki pap poté ça pou yo be nou infomasion ça si nou mandei. Cé fom ça ou bien ou lot paray ki représenté infomasion kí nou mandé a.

Cé pou tèt ça tout travayè kap voyageé ou bien kap travay pa seson gin dwe pou you réservwa you prèv sou papier de infomasion kí patron an beyo a, si you mandei.

CONDISION KOTE YO BA NOU RETE A

AVI IMPOTANT POU CILTIVATE CAP FE VA E VIEN:

Lwa mandé infomasion ça yé

1. Ki moun ki ba nou kay pou nou rité:

Non II _____

Adres II _____

2. Ki Moun ki répondab la:

Non II _____

adres II _____

téléfon II _____

3. Adrès pou récévol lèt

adres _____

vil la _____

zip code _____

4. Condision Kay la

Ki moun ki capab rité nan Kay la

Combien nou péréy kay la (si nou pa péréy mété zéro)

Manjé yo be nou: (si yo pa benou ékri ça sou fèll la)

Combien cob nou péréy pou manjé: (si nou pa péréy, mété zéro)

Combien nou péréy pou llimiè ak lot bbezoulin: (si nou pa péréy mété zéro)

Si gin lot begay fè you fè nou péréy pou yo: (ékri you sou fèll la)

Lot condision pou nou rité nan kay la:

Avi impotan pou contracte, patron, ou bien association agricile.

Séktion 201 (c) ki nan lwa mandé pou yo distribué fom ça ou bien ou lot paray II, ou bien kolé you koté tout mounn ka ouè II ou bien montré chak ouvriré nan you lang kí yo capab li è conpran bien.

Sinyé papyé-la resu

Dat _____